

Make application to local fire department.  
Fire department retains original application and issues duplicate as permit.



Commonwealth of Massachusetts  
Department of Fire Services - Office of the State Fire Marshal

# APPLICATION and PERMIT

Fee: \_\_\_\_\_

for storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38A, 527 CMR 9.00, application is hereby made by:

### Tank Owner

Tank Owner Name (please print) \_\_\_\_\_ X \_\_\_\_\_  
Signature (if applying for permit)

Address \_\_\_\_\_  
Street City State Zip

### Removal Contractor

Company Name \_\_\_\_\_  
Print

Address \_\_\_\_\_  
Print

Signature (if applying for permit) \_\_\_\_\_

IFCI\* Certified Other \_\_\_\_\_

### Contamination Assessment

Co. or Individual \_\_\_\_\_  
Print

Address \_\_\_\_\_  
Print

Signature (if applying for permit) \_\_\_\_\_

IFCI\* Certified  LSP # \_\_\_\_\_ Other \_\_\_\_\_

### Tank Information

Tank Location \_\_\_\_\_  
Street Address City

Tank Capacity (gallons) \_\_\_\_\_ Substance Last Stored \_\_\_\_\_

Tank Dimensions (diameter x length) \_\_\_\_\_

Remarks: \_\_\_\_\_

### Disposal Information

Firm Transporting Waste \_\_\_\_\_ State Lic. # \_\_\_\_\_

Hazardous Waste Manifest# \_\_\_\_\_ E.P.A. # \_\_\_\_\_

Approved Tank Disposal Yard \_\_\_\_\_ Tank Yard # \_\_\_\_\_

Type of Inert Gas \_\_\_\_\_ Tank Yard Address \_\_\_\_\_

### Approvals

City or Town \_\_\_\_\_ FDID# \_\_\_\_\_ Permit# \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Dig Safe approval number: \_\_\_\_\_ Trenching Permit # \_\_\_\_\_

Dig Safe Toll Free Tel. Number - 800-322-4844

Signature / Title of Officer granting permit \_\_\_\_\_

After removal(s) (\*consumptive use\* fuel oil tanks exempted) send Form FP-290R signed by local fire dept. to UST Regulatory Compliance Unit, Department of Fire Services, P.O. Box 1025, State Road, Stow, MA 01775.

\*International Fire Code Institute